

OFFICE OF THE ZONING ADMINISTRATOR CITY OF CHICAGO

ADMINISTRATIVE ADJUSTMENT CHECKLIST

Submit applications in person at the Department of Planning and Development, Bureau of Zoning, City Hall, Room 905.

Please note that only complete applications including all required attachments will be accepted at the time of filing. Additional documentation may be requested by the Zoning Administrator at any time during the review process.

	ion Required Attachments:
	Checklist
	Official Denial of Zoning Certification issued by the Department of Planning and
	Development (not applicable for adjustments proposed under §17-13-1003-M)
	Complete Application signed by the Applicant/Agent
	\$500 check, payable to the "City of Chicago, Department of Finance"
	11" x 17" drawings including, where applicable: site plan, demo plans, floor plans,
	landscape plan, building elevations with height and material call-outs, and sections
	Plat of Survey
	House Number Certificate (for new principal buildings and vacant lots)
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This application will not be considered complete until <u>all</u> required attachments are submitted to the Bureau of Zoning and Land Use, City Hall, Room 905.

For information regarding review and approval policies and procedures consult the Chicago Zoning Ordinance: Authorized Administrative Adjustments (§17-13-1003) and General Approval Criteria (§17-13-1007). For additional questions, please call 312-744-5777 or email Anna.Robles@cityofchicago.org or Kyle.Bartlett@cityofchicago.org.

Application Number:	Date Filed: / /	



OFFICE OF THE ZONING ADMINISTRATOR CITY OF CHICAGO

ADMINISTRATIVE ADJUSTMENT APPLICATION

Application is hereby made for an Administrative Adjustment, pursuant to \$17-13-1000 of the

* *	ing Ordinance.
Property Ad	ldress:
Zoning Dist	rict: Ward:
	of Case (Include all language provided in the descriptive statement of the official ing certification notice):
Applicant:	Name: Address: City, State, Zip Code: Phone Number: Email: If Applicant is not the Property Owner, identify relationship to the Property Owner (such as: architect, contractor, expediter, tenant):
Property Owner:	Name: Address: City, State, Zip Code: Phone Number: Email:
Attorney:	Name: Address: City, State, Zip Code: Phone Number:

Email:



OFFICE OF THE ZONING ADMINISTRATOR CITY OF CHICAGO

ADMINISTRATIVE ADJUSTMENT APPLICATION

I hereby affirm that all of the statements on this application and those in the attachments submitted herewith are true, under penalty of law.

Applicant/Agent Signature		
Applicant/Agent Name		
Date:	20	
LPATE:	/11	